



MERIT REVIEW APPLICATION

1. LAB NO.	2. APPLICATION NO.	3. REVIEW GROUP	4. REVIEW DATE	5. FACILITY NO.
6. LOCATION HEALTH CARE FACILITY (VAMC, OPC, CITY, STATE)			7. SOCIAL SECURITY NO.	8 DATE OF LAST SUBMISSION - MR
9. PRINCIPAL INVESTIGATOR(S) (Last Name, First Name, M.I.)		DEGREE(TELEPHONE NUMBER(S)
10. PROGRAM TITLE (72 Characters maximum)				
11. AMOUNT REQUESTED EACH YEAR				
1ST	2ND	3RD	4TH	5TH
TOTAL				
12. VA EMPLOYMENT STATUS		13. VA SALARY SOURCE		14. TYPE PROGRAM
<input type="checkbox"/> FULL TIME		<input type="checkbox"/> RESEARCH CC 103		<input type="checkbox"/> PATIENT CARE
<input type="checkbox"/> PART TIME (_____ /8 TIME)		<input type="checkbox"/> RESEARCH CC 104		<input type="checkbox"/> HSR&D
<input type="checkbox"/> CONSULTIN _____ HRS./WEEK		<input type="checkbox"/> RESEARCH CC 105		<input type="checkbox"/> RR&D
<input type="checkbox"/> ATTENDING _____ HRS./WEEK		<input type="checkbox"/> RESEARCH CC 110		<input type="checkbox"/> OTHER VA
<input type="checkbox"/> WOC _____ HRS. WEEK		<input type="checkbox"/> CAREER DEVELOPMENT CC 108		<input type="checkbox"/> NEW
				<input type="checkbox"/> ONGOING
				<input type="checkbox"/> SUPPLEMENT
				<input type="checkbox"/> NO. PROJECTS IN PROGRAM
15. PROGRAM		COST CENTER		
16. PRIMARY RESEARCH PROGRAM AREA		PRIMARY RESEARCH SPECIALTY AREA		
17. VA HOSPITAL SERVICE AND SECTION				
18. ACADEMIC RANK, DEPARTMENT AND AFFILIATION				
19. PROGRAM USE (Each Item must have a response)				
HUMAN SUBJECTS <input type="checkbox"/> YES <input type="checkbox"/> NO		INVESTIGATIONAL DRUGS <input type="checkbox"/> YES <input type="checkbox"/> NO		RADIOISOTOPE <input type="checkbox"/> YES <input type="checkbox"/> NO
ANIMAL SUBJECTS <input type="checkbox"/> YES <input type="checkbox"/> NO		INVESTIGATIONAL DEVICES <input type="checkbox"/> YE <input type="checkbox"/> NO		BIOHAZARDS <input type="checkbox"/> YES <input type="checkbox"/> NO
20. SUMMARY OF RESEARCH/ DEVELOPMENT SUPPORT FOR THREE PRIOR				
	TOTAL VA	TOTAL NON-VA	GRAND TOTAL	
FY _____	\$ _____	\$ _____	\$ _____	
F _____	\$ _____	\$ _____	\$ _____	
FY _____	\$ _____	\$ _____	\$ _____	
21. DATE ENTERED ON DUTY VA, OR EXPECTED DATE OF ENTRY VA				
SIGNATURE PRINCIPAL INVESTIGATOR(S)				DATE
SIGNATURE ACOS FOR RESEARCH AND DEVELOPMENT				DATE